

PARENTAL RELEASE FORM

(FOR VOLUNTEERS UNDER AGE 18)

Name of Volunteer: _____

I hereby give permission for my child to serve in the Disaster Response Project coordinated by **TRAC**. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold **TRAC** liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian : _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Your relationship to participant: _____

Insurance Company: _____

Does your child have any physical limitations that might affect his/her work?

List any allergies/medications: _____

Date of last Tetanus shot: _____

Special needs if any: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____